TREATMENT PLANT EVALUATION (WATER)

Facility Name _____

Address _____

Co-City-Vic _____

Mo/Day/Yr _____/_____/_____ Time _____
use 24 hr.

Type of Disaster _____

SAP ID #s. _____ _____

Other Reports _____

No. Photos _____ No. Sketches _____

Ref. Dwgs. _____

Est. Damage %_____

Facility Status

SAFETY INSTRUCTIONS: The possibility of toxic gases in confined spaces or of fuel leaks should be recognized as a potential hazard.

CAUTION: The primary purpose of the report is to advise of the condition of the facility for immediate continued use/occupancy. REINSPECTION OF THE FACILITY IS RECOMMENDED. AFTERSHOCKS MAY CAUSE DAMAGE THAT REQUIRES REINSPECTION. The conclusions reached by engineers who re-examine the facility later should take precedence. The assessment team will not render further advice in the event of conflict of engineering recommendations.

A. CONDITION:

Existing:	None O	Recommended:	Green O	Posted at this assessment:	Yes O
	Green O		Yellow O		No O
	Yellow O		Red O		
	Red O				

B. RECOMMENDATIONS

Monitor_____ O

Remove from service_____ O

Chlorinate and by-pass_____ O

_____

_____

Continue in service_____ O

Check effluent quality/safety_____ O

_____

_____

C. COMMENTS:

_____

_____

_____

_____

_____

_____

TREATMENT PLANT EVALUATION (WATER)

Facility Name _____ SAP ID #s _____

DAMAGE OBSERVED (D.O.)

	0	1	2-3-4	5	6	NA	NO
Damage Scale:	None (0%)	Slight (1-10%)	Moderate (11 - 40%)	Severe (41 - 60%)	Total (over 60%)	Not Applicable	Not Observed

D. PRETREATMENT

D.O.

_____ Raw water channels
_____ Aerators
_____ Rapid mix
_____ Flocculation
  _____ basins
  _____ baffles
  _____ paddles
  _____ scrapers
_____ Sedimentation
  _____ basin
  _____ troughs
  _____ scrapers

E. FILTRATION

_____ Structure
_____ Troughs
_____ Beds
_____ Backwash system
_____ Surface wash system

F. CHEMICAL TREATMENT

_____ Chlorine piping
_____ Chlorine cylinders
_____ Chlorine feeders
_____ Other chemical piping
_____ Other chemical feeders
_____ Other chemical storage

G. CONTROL SYSTEMS

_____ Mechanical
_____ Electrical
_____ Pneumatic
_____ Hydraulic
_____ Manual
_____ Automatic

H. HEAD HOUSE

D.O.

_____ Bearing walls
_____ Nonbearing walls
_____ Frame (general condition)
_____ Structural members
  _____ Structural connections
  _____ Roof
  _____ Floors
  _____ Stairs
_____ Elevators
_____ Glass
_____ Mechanical equipment
_____ Electrical equipment
_____ Filter gallery
  _____ Piping
  _____ Pipe gallery

I. CLEARWALL

_____ Tank-type (use Reservoir Assessment Form)
_____ Containment structure
_____ Influent piping
_____ Effluent piping

J. WASHWATER RECLAMATION

_____ Settling basin
_____ Mechanical equipment
_____ Electrical equipment
_____ Piping
_____ Detention basin
_____ Sludge discharge

K. REMARKS _____

TREATMENT PLANT EVALUATION (WATER)

Facility Name _____ SAP ID #s _____

Check:

- Electrical power (control panel, emergency generator)
- Telemetry
- Disinfection process (chemical containers, feeder, piping)
- Broken pipes, flooding, leaking
- Chemical feed (spills)
- Unit Processes

OBSERVATIONS

RAW WATER _____

_____

PRECHLORINATION _____

_____

AERATION _____

_____

RAPID MIX _____

_____

FLOCCULATION _____

_____

SEDIMENTATION _____

_____

FILTRATION _____

_____

DISINFECTION _____

_____

FLUORIDATION _____

_____

CLEARWELL _____

_____

DISTRIBUTION SYSTEM _____

_____